Mr. Robert J. Adasiak Shasta Industries, LLC P.O. Box 631 Middlebury, Indiana 46540

> Re: 039-13928-00396 First Administrative Amendment to Part 70 039-6918-00396

Dear Mr. Adasiak:

Shasta Industries was issued a permit on January 12, 1999 for a stationary recreational vehicle manufacturing source. A letter requesting a name change was received on February 16, 2001. Pursuant to the provisions of 326 IAC 2-7-11 the permit is hereby administratively amended as follows:

Shasta Industries, 14489 U.S. 20 East, Middlebury, Indiana 46540 name changed to Shasta Industries, LLC, at the same location.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, of my staff, at 317-233-5334 or 1-800-451-6027, press 0 and ask for extension 3-5334.

Sincerely,

Paul Dubenetzky, Chief Permits Branch Office of Air Quality

Attachments: Revised Pages

PD/gkf

cc: File - Elkhart County

Elkhart County Health Department

Air Compliance Section - Greg Wingstrom Compliance Data Section - Karen Nowak

IDEM Northern Regional Office

PART 70 OPERATING PERMIT and ENHANCED NEW SOURCE REVIEW OFFICE OF AIR QUALITY

Shasta Industries, LLC 14489 U.S. 20 Middlebury, Indiana 46540

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-7 and 326 IAC 2-1-3.2 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: T 039-6918-00396			
Issued by: Janet G. McCabe, Assistant Commissioner Office of Air Quality	Issuance Date: January 12, 1999		
First Administrative Amendment 039-13928-00396	Pages Affected: 28, 29,31, 32, 33 and 34		
Issued by: Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date:		

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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT **OFFICE OF AIR QUALITY COMPLIANCE DATA SECTION**

PART 70 OPERATING PERMIT CERTIFICATION

Source Name: Shasta Industries, LLC Source Address: 14489 U.S. 20, Middlebury, Indiana 46540 P.O. Box 631, Middlebury, Indiana 46540

Part 70 Permit No.: T 039 - 6918 - 00396	
This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.	•
Please check what document is being certified:	
9 Annual Compliance Certification Letter	
9 Test Result (specify)	
9 Report (specify)	
9 Notification (specify)	
9 Other (specify)	
I certify that, based on information and belief formed after reasonable inquiry, the statements information in the document are true, accurate, and complete.	and
Signature:	
Printed Name:	
Title/Position:	
Date:	

Page 29 of 34 OP No. T 039-6918-00396

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT **OFFICE OF AIR QUALITY COMPLIANCE DATA SECTION** P.O. Box 6015

100 North Senate Avenue Indianapolis, Indiana 46206-6015 Phone: 317-233-5674 Fax: 317-233-5967

PART 70 OPERATING PERMIT EMERGENCY/DEVIATION OCCURRENCE REPORT

Source Name: Shasta Industries, LLC

14489 U.S. 20, Middlebury, Indiana 46540 Source Address: Mailing Address: P.O. Box 631, Middlebury, Indiana 46540

Part 70 Permit No.: T 039 - 6918 - 00396

This form consists of 2 pagesPage 1 of 2

Check either No. 1 or No.2 This is an emergency as defined in 326 IAC 2-7-1(12) The Permittee must notify the Office of Air Quality (OAQ), within four (4) business hours (1-800-451-6027 or С 317-233-5674, ask for Compliance Section); and C The Permittee must submit notice in writing or by facsimile within two (2) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16 9 2. This is a deviation, reportable per 326 IAC 2-7-5(3)(c) The Permittee must submit notice in writing within ten (10) calendar days

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation: Control Equipment: Permit Condition or Operation Limitation in Permit: Description of the Emergency/Deviation: Describe the cause of the Emergency/Deviation:

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE DATA SECTION

Part 70 Monthly Report

Source Address: 14489 U.S. 20, Middlebury, Indiana 46540 P.O. Box 631, Middlebury, Indiana 46540

Mailing Address: P.O. Box 631, Middle Part 70 Permit No.: T 039 - 6918 - 00396 Facility: EU1 and EU3

Parameter: Volatile organic compound content of coatings applied to metal substrates

Limit: 3.5 pounds per gallon of coating less water on a daily volume weighted average basis as

calculated below

	Month/Year:	/	-
Day	Average VOC Content lbs/gal less water	Day	Average VOC Content lbs/gal less water
1		17	
2		18	
3		19	
4		20	
5		21	
6		22	
7		23	
8		24	
9		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16		no. of	

deviations

9 No deviation occurred in this month.

9 Deviation/s occurred in this month. Deviation has been reported on:

Phone:

c = n 3 production rate (units/hour) × coatir c = 1	ng (gallons/unit) × VOC content (pounds/gallons of coating less water)
	c = n 3 production rate (units/hour) × coating (gallons/unit) c =1
Submitted by: Title/Position: Signature: Date:	

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE DATA SECTION

Part 70 Quarterly Report

	Part	70 Quarterly Report	
Source Name: Source Address: Mailing Address: Part 70 Permit No.: Facility: Parameter: Limit:	P.O. Box 631, Middle T 039 - 6918 - 00396 EU1, EU2, EU3 and Volatile organic com Twenty four (24) ton	lebury, Indiana 46540 ebury, Indiana 46540 S EU4 (Entire Source)	month rolling period
	Column 1	Column 2	Column 1 + Column 2
Month	This Month	Previous 11 Months	12 Month Total
Month 1			
Month 2			
Month 3			
	9 Deviation/s	occurred in this month. occurred in this month. as been reported on:	
	Submitted by: Title/Position: Signature:		

Date: Phone:

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

III DIAI		E OF AIR QUALITY ANCE DATA SECTION	IAMAGEMENT
	Part 7	0 Quarterly Report	
Source Name: Source Address: Mailing Address: Part 70 Permit No.: Facility: Parameter: Limit:	P.O. Box 631, Middle T 039 - 6918 - 00396 EU1, EU2, EU3 and Hazardous Air Pollut Twenty four (24) ton	llebury, Indiana 46540 ebury, Indiana 46540 6 EU4 (Entire Source)	
	YEAF	R:	
	V	Vorst Case HAP	
Manth	Column 1	Column 2	Column 1 + Column 2
Month	This Month	Previous 11 Months	12 Month Total
Month 1			
Month 2			
Month 3			
		mbination of HAPS	Oshuma 4 + Oshuma 0
Month	Column 1	Column 2	Column 1 + Column 2
Month 1	This Month	Previous 11 Months	12 Month Total
Month 2			
Month 3			
9	No deviation occurre	ed in this quarter.	
9	Deviation/s occurred Deviation has been		
Title /			

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF AIR QUALITY COMPLIANCE DATA SECTION

PART 70 OPERATING PERMIT QUARTERLY COMPLIANCE MONITORING REPORT

Source Name: Shasta Industries, LLC Source Address: 14489 U.S. 20, Middlebury, Indiana 46540 Mailing Address: P.O. Box 631, Middlebury, Indiana 46540 Part 70 Permit No.: T 039 - 6918 - 00396				
Мо	nths:	to _	Year:	
This report is an affirmation that the source has met all the compliance monitoring requirements stated in this permit. This report shall be submitted quarterly. Any deviation from the compliance monitoring requirements and the date(s) of each deviation must be reported. Additional pages may be attached if necessary. This form can be supplemented by attaching the Emergency/Deviation Occurrence Report. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".				
9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD				
9 THE FOLLOWING	DEVIATIONS	OCCURR	ED THIS REPORTING PERI	OD.
Compliance Monitoring Requirement (e.g. Permit Condition D.1.3)		Number of Deviations	Date of Each Deviation	
F	orm Completed	Ву:		
	itle/Position:			
_	ate: hone:			
Г	HOHE.			

Attach a signed certification to complete this report.